Washington State Department of Health

Send completed forms to DOH Communicable Disease Epidemiology
Fax: 206-361-2930

Shigellosis

County

LHJ Use **ID** _____
☐ **Reported to DOH** **Date** ___/___/___
LHJ Classification ☐ **Confirmed**
☐ **Probable**
By: ☐ **Lab** ☐ **Clinical**
☐ **Other:** _____
Outbreak # (LHJ) _____ **(DOH)** _____

DOH Use ***ID*** _____
Date Received ___/___/___
DOH Classification
☐ ***Confirmed***
☐ ***Probable***
☐ ***No count; reason:***

REPORT SOURCE

Initial report date ___/___/___
Reporter (check all that apply)
☐ Lab ☐ Hospital ☐ HCP
☐ Public health agency ☐ Other
OK to talk to case? ☐ Yes ☐ No ☐ Don't know

Reporter name _____
Reporter phone _____
Primary HCP name _____
Primary HCP phone _____

PATIENT INFORMATION

Name (last, first) _____
Address _____ ☐ Homeless
City/State/Zip _____
Phone(s)/Email _____
Alt. contact ☐ Parent/guardian ☐ Spouse ☐ Other Phone: _____
Occupation/grade _____
Employer/worksite _____ School/child care name _____

Birth date ___/___/___ Age _____
Gender ☐ F ☐ M ☐ Other ☐ Unk
Ethnicity ☐ Hispanic or Latino
☐ Not Hispanic or Latino
Race (check all that apply)
☐ Amer Ind/AK Native ☐ Asian
☐ Native HI/other PI ☐ Black/Afr Amer
☐ White ☐ Other

CLINICAL INFORMATION

Onset date: ___/___/___ ☐ Derived Diagnosis date: ___/___/___ Illness duration: _____days

Signs and Symptoms

Y	N	DK	NA	
☐	☐	☐	☐	**Diarrhea** Maximum # of stools in 24 hours: ____
☐	☐	☐	☐	Bloody diarrhea
☐	☐	☐	☐	**Abdominal cramps or pain**
☐	☐	☐	☐	Nausea
☐	☐	☐	☐	Vomiting
☐	☐	☐	☐	**Fever** Highest measured temp (^{o}F): ____

☐ Oral ☐ Rectal ☐ Other: _____ ☐ Unk

Hospitalization

Y	N	DK	NA	
☐	☐	☐	☐	Hospitalized for this illness

Hospital name _____
Admit date ___/___/___ Discharge date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	Died from illness Death date ___/___/___
☐	☐	☐	☐	Autopsy

Predisposing Conditions

Y	N	DK	NA	
☐	☐	☐	☐	Immunosuppressive therapy or disease

Clinical Findings

Y	N	DK	NA	
☐	☐	☐	☐	**Hemolytic uremic syndrome (HUS)**
☐	☐	☐	☐	Kidney dialysis as result of illness

Laboratory

Collection date ___/___/___

Y	N	DK	NA	
☐	☐	☐	☐	***Shigella* isolated**

Shigella species: _____
PFGE pattern: _____

NOTES

Case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered

INFECTION TIMELINE

Enter onset date (first sx) in heavy box. Count forward and backward to figure probable exposure and contagious periods

	Exposure period	onset	***Contagious period***
Days from onset:	-7 -1		weeks
Calendar dates:			

EXPOSURE (Refer to dates above)

Y	N	DK	NA	
☐	☐	☐	☐	Travel out of the state, out of the country, or outside of usual routine Out of: ☐ County ☐ State ☐ Country Destinations/Dates: _____ _____
☐	☐	☐	☐	Does case know anyone with similar symptoms or illness?
☐	☐	☐	☐	Contact with lab confirmed case ☐ Household ☐ Sexual ☐ Needle use ☐ Other: _____
☐	☐	☐	☐	**Epidemiologic link to a confirmed human case**
☐	☐	☐	☐	Contact with diapered or incontinent child or adult
☐	☐	☐	☐	Congregate living Type: ☐ Barracks ☐ Corrections ☐ Long term care ☐ Dormitory ☐ Boarding school ☐ Camp ☐ Shelter ☐ Other: _____
☐	☐	☐	☐	Refrigerated, prepared food (e.g. dips, salsas, salads, sandwiches)
☐	☐	☐	☐	Group meal (e.g. potluck, reception)
☐	☐	☐	☐	Food from restaurants

Restaurant name/Location: _____
_____

Y	N	DK	NA	
☐	☐	☐	☐	Source of home drinking water known ☐ Individual well ☐ Shared well ☐ Public water system ☐ Bottled water ☐ Other: _____
☐	☐	☐	☐	Drank untreated/unchlorinated water (e.g. surface, well)
☐	☐	☐	☐	Recreational water exposure (e.g. lakes, rivers, pools, wading pools, fountains)
☐	☐	☐	☐	Sewage or human excreta
☐	☐	☐	☐	Any type of sexual contact with others during exposure period # female sexual partners: _____ # male sexual partners: _____

NOTES

☐ **Patient could not be interviewed**
☐ **No risk factors or exposures could be identified**

Most likely exposure/site: _____ **Site name/address:** _____

Where did exposure probably occur? ☐ In WA (County: _____) ☐ US but not WA ☐ Not in US ☐ Unk

PATIENT PROPHYLAXIS/TREATMENT

PUBLIC HEALTH ISSUES

Y	N	DK	NA	
☐	☐	☐	☐	Employed as food worker
☐	☐	☐	☐	Non-occupational food handling (e.g. potlucks, receptions) during contagious period
☐	☐	☐	☐	Employed as health care worker
☐	☐	☐	☐	Employed in child care or preschool
☐	☐	☐	☐	Attends child care or preschool
☐	☐	☐	☐	Household member or close contact in sensitive occupation or setting (HCW, child care, food)
☐	☐	☐	☐	Outbreak related

PUBLIC HEALTH ACTIONS

- ☐ Exclude individuals in sensitive occupations (HCW, food, child care) or situation until 2 negative stools
- ☐ Consider excluding symptomatic contacts in sensitive occupations (HCW, food, child care) or situations (child care) until 2 negative stools
- ☐ Initiate trace-back investigation
- ☐ Child care inspection
- ☐ Hygiene education provided
- ☐ Restaurant inspection
- ☐ Follow-up of household members
- ☐ Work or child care restriction for household member
- ☐ Testing of home/other water supply
- ☐ Other, specify: _____

Investigator _____ **Phone/email:** _____ **Investigation complete date** ___/___/___

Local health jurisdiction _____

Shigellosis: case defining variables are in **bold.** Answers are: Yes, No, Unknown to case, Not asked /Not answered